

Washington State Board of Health

June 13, 2013 Barry Kling, MSPH

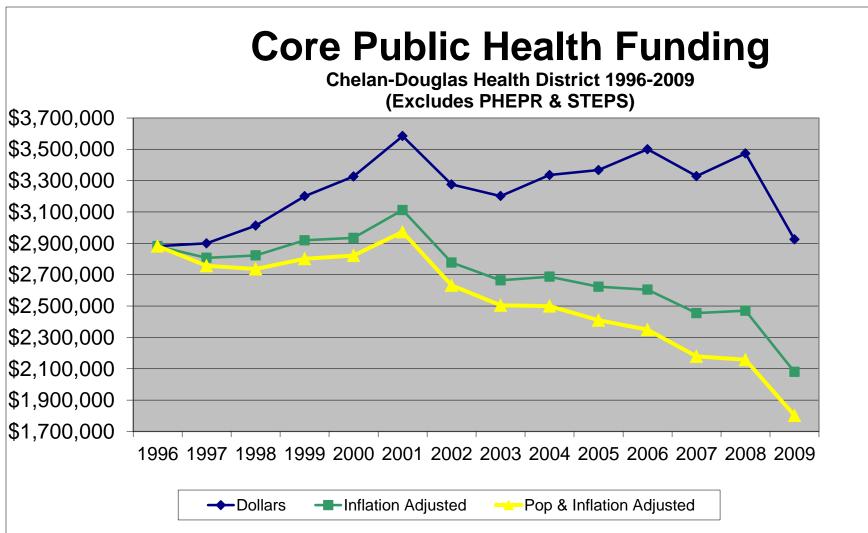
Chelan-Douglas Health District: Basics and Beyond



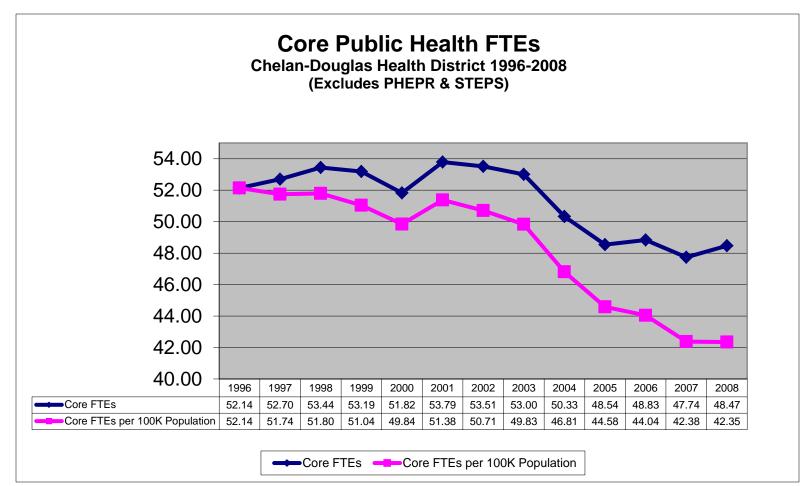
Today I'll talk about:

- What the Health District has been through in recent years regarding
 - Finances
 - Staffing
 - Programs
- The way this experience forced us to think clearly about basic public health.
- A new initiative on sustainable funding for Foundational Public Health Services.











Program Impact

- EH cut in half mainly in response to economy. Will bounce back in response to recovery.
- MCH ravaged and no obvious prospect for recovery.
- ❖ ~300 vulnerable families annually
- ❖ Had 12 PHNs, will soon have 3



Bad Policy...

- Except for the alternatives.
- We could not afford MCH if we kept doing CD, TB and Imms.
- We kept CD, TB and Imms because no one else in community does it.
- Home visiting can be done by others, and is to a limited extent.
- ❖ Even Imms reduced give few shots.



Forced to think

- ...about what really is basic for public health.
- Is a local health department just a random collection of services someone will pay for?
- Or does a health department bring something to the community that no one else brings?
- Is there any principle that distinguishes basic from other public health functions?



Possible explanations

- Public health is prevention but so is a lot of clinical care.
- Public health is what improved life expectancy since 1900 – but what about the next 100 years.
- Public health is about social determinants – but there are many players there, so this isn't what distinguishes public health from other agencies or health care organizations.



What distinguishes public health?

- What distinguishes public health from the rest of the health care system is our focus on the *population based principle*.
- The most basic purpose of public health is to address population-based health problems that cannot be adequately addressed by our individually-oriented medical care system.
- We used this principle to establish our priorities while downsizing.



Population based

- If your health department does a good job of assuring safe drinking water, makes sure the food is safe when you eat out, and controls disease outbreaks quickly...
- Which one of your neighbors didn't get sick as a result?
- You don't know. So you can't bill his insurance company.
- The benefit is real, but the individual beneficiary can't be identified.
- That's why these things must be done by the community. They're population-based.



We also noticed...

- ...the lack of a sustainable funding system for basic public health in this state.
- One that tracks with population growth and keeps up with inflation.
- One that could keep us from sinking further, to the point where even the basics are beyond our reach.



But supposed you asked.

- Suppose you asked legislators for a sustainable funding base.
- The first question would be, what would we get for the money?
- "Trust me" ends the conversation.
- So defining public health basics is not just about criteria for program reduction.
- It's also a prerequisite for any serious effort to establish a sustainable funding base for public health.



IOM also made this connection

- "For the Public's Health: Investing in a Healthier Future" is a study of public health finance nationally, issued by IOM in 2012.
- It calls repeatedly for the public health community to provide a clear definition of basic public health...
- As a prerequisite for a serious effort to establish base funding at the state and national level.
- CDC's leadership has said they will lead a national discussion on the basics.



Is sustainable funding possible?

- Yes but it could take years.
- On the other hand, it will never spring spontaneously from the legislature.
- It won't happen unless we do it.
- It took 8 years to get a separate Department of Health and it would be worth it if this takes just as long.
- Through PHIP, a group of state and local public health leaders is working to make this happen.



Sustainable funding initiative

- First, define Foundational Public Health Services.
- Second, cost them out.
- Third, develop potential funding models.
- Fourth, a broad-based advocacy effort with many partners.
- Fifth, don't quit.



Defining Foundational Services

- ❖ A PHIP workgroup developed the list in 2011-2012, vetting it widely in the public health community in the summer of 2012.
- List has boundaries.
- Answers the question, what basics must be in place everywhere for the public health system to work well anywhere?
- Applies the population based principle.



Foundational Services, cont'd...

- Cross-cutting capabilities and specific programs.
- Concrete enough to be costed.
- Just the foundation, not the whole house.



Costing the Foundational Services

- Through PHIP, retained a consultant (Berk & Assoc) to develop cost model – state and local.
- Worked extensively with DOH and a sample of 9 LHJs of varying size, from Sea-King to Lincoln County.
- * Results about to become available.



Next Steps

- Share the cost model results.
- PHIP workgroup takes the lead in developing policy options for sustainable funding.
- WSALPHO-led workgroup takes the lead on advocacy and coalition development.



Questions & Discussion